



State of New Jersey

Jon S. Corzine
Governor

**OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
STATE ATHLETIC CONTROL BOARD
P.O. BOX 180
TRENTON, NJ 08625-0180**

Stuart Rabner
Attorney General

Tony Orlando
Chairman

Steven Katz
Dennis McDonough
Member

Larry Hazzard, Jr.
Commissioner

TO: PROFESSIONAL BOXING/KICKBOXING/MIXED MARTIAL ARTS
TIMEKEEPERS

FROM: Larry Hazzard, Sr.
Commissioner

SUBJECT: New Jersey Professional Boxing/Kickboxing/Mixed Martial Arts Timekeeper
License Application
RENEWAL: July 1, 2006 - June 30, 2007

**Enclosed are the annual requirements for license as a Professional Boxing
/Kickboxing/Mixed Martial Arts Timekeeper in the State of New Jersey.**

You must submit the following to this office:

1. Completed License Application Form;
2. Completed Physical Examination Form
3. Completed Official's Disclosure Form
4. Original EKG report, interpreted by a physician;
5. Original EYE examination by an optometrist; and
6. Check or money order in the amount of \$25.00 payable to the State Athletic Control Board



TELEPHONE: (609) 292-0317 FAX: (609) 292-3756
NEW JERSEY IS AN EQUAL OPPORTUNITY EMPLOYER PRINTED ON RECYCLED PAPER AND RECYCLABLE

NOTE: Proof of medical testing must be provided through **ORIGINAL DOCUMENTS** indicating date of test, location of test and identification of the doctor. The date, location and name of doctor who reviews the medical test results must also be provided. Medical tests and examinations must be dated within **180** days of application.

To reduce the costs for individual tests, the Board has obtained an agreement from Millville Hospital, near Atlantic City, to provide medical testing at specific rates. For further information, contact Millville Hospital at (856)451-8700, ext. 54835 and ask for Joan Pierce of South Jersey Medical Systems.

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING
ISSUE OF YOUR LICENSE AND FUTURE SHOW ASSIGNMENTS.

LICENSEES ARE REMINDED: You are subject to the requirements of State Athletic Control Board Rules, provided by Chapter 46 of New Jersey's Administrative Code.

If there are any questions regarding your application, please contact the office at 609.292.0317.

LH:tg
Enclosures
REV: 05.2005



****PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B. ****

******NO CASH!!******

**NEW JERSEY STATE ATHLETIC CONTROL BOARD
LICENSE APPLICATION**

P. O. Box 180

Trenton, New Jersey 08625-0180

Telephone: (609)292-0317 Fax: (609)292-3756

Check (✓) or Circle Type/s of License

<u>CONTESTANT</u> <input type="checkbox"/> Boxer \$5 <input type="checkbox"/> Kickboxer \$5 <input type="checkbox"/> Mixed Martial Artist \$5	<u>MANAGER</u> <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<u>SECOND</u> <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Announcer \$25 <input type="checkbox"/> Timekeeper \$25 <input type="checkbox"/> Other \$ _____ _____
<u>REFEREE</u> <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75	<u>JUDGE</u> <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75	<u>PROMOTER</u> <input type="checkbox"/> Boxing \$300 <input type="checkbox"/> Kickboxing \$300 <input type="checkbox"/> Mixed Martial Arts \$300	<u>MATCHMAKER</u> <input type="checkbox"/> Boxing \$100 <input type="checkbox"/> Kickboxing \$100 <input type="checkbox"/> Mixed Martial Arts \$100

SECTION I (All Applicants) - Please Print

NAME:

AKA or ALIAS (Other Names Used):

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

MAILING ADDRESS (complete if different from above)

CITY:

STATE:

ZIP:

COUNTRY:

TELEPHONE (Residence):
()

TELEPHONE (Business):
()

FAX#
()

E-MAIL ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY#:

HEIGHT:

WEIGHT:

SEX:

☐ MALE ☐ FEMALE

CITIZENSHIP:

PLACE OF BIRTH:

Have you ever been convicted of a crime? If yes, explain: ☐ YES ☐ NO

Are you presently on any suspension list? If yes, explain: ☐ YES ☐ NO

Have you ever been disqualified in any contest or disciplined for your actions during a contest? ☐ YES ☐ NO
If yes, explain:

Has any license you've held been revoked? If yes, please explain: ☐ YES ☐ NO

List all other Athletic Commissions in which you are licensed:

SECTION II (Boxer's, Kickboxer's & Mixed Martial Artist Only) - Please Print

Have you ever been hospitalized due to an injury suffered in any contest? If yes, explain: ☐ YES ☐ NO

Do you have any current medical conditions? If yes, please explain: ☐ YES ☐ NO

Do you have a manager? If yes, provide name, address & telephone number: ☐ YES ☐ NO

Name: _____ Address: _____ Telephone No: (____) _____

Have you had amateur experience? If yes, complete the following questions: ☐ YES ☐ NO

Amateur Record: _____ Number of Fights: _____

Submission Grappling Record: _____

Name of Gym or Club where you trained: _____

Name and Telephone Number of Trainer or Manager:

Name: _____ Telephone Number: (____) _____

SECTION III (Manager's & Second's Only) Please Print

List names of boxers which you currently manage/second:

Do you know of any medical conditions which your boxers currently have?: If yes, please explain ☐ YES ☐ NO

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FOR IN N.J.S.A. 5:24-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

DATE: _____

SIGNATURE: _____



**State of New Jersey
Department of Law & Public Safety
State Athletic Control Board**

CHILD SUPPORT QUESTIONS

Please certify, under penalty of perjury, the following:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you currently have a child-support obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "YES", are you in arrears in payment of said obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "YES", does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you the subject of a child-support-related arrest warrant? | <input type="checkbox"/> | <input type="checkbox"/> |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "YES" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

***Social Security Number:** _____ - _____ - _____

You **must** disclose your Social Security Number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

Please return this form to:

State of New Jersey
State Athletic Control Board
25 Market Street
P.O. Box 180
Trenton, NJ 08625-0180

PHYSICAL EXAMINATION - OFFICIALS

Blood Pressure no higher than 90 mm Hg. ☐
Temperature below 100°F or 37°C ☐
Fundi - no retinopathies or cataracts ☐
No hernias nor visceromegaly ☐
Normal Romberg and finger to nose test ☐
No suppurative lesions on skin ☐
No indications of active renal disease ☐

EXAMINATION

Ears

Otoscopy (Normal-Abnormal) Describe:

Mouth pharynx (teeth) (Normal-Abnormal) Describe:

Adenopathies No Yes (Location)

Lungs (Normal-Abnormal) Describe:

Heart (Normal-Abnormal) Describe:

Abdominal palpation (Normal-Abnormal) Describe:

Hernias (No-Yes) Describe:

C:\Documents and Settings\lprubi\Desktop\SACB
DOCS\OFCEXAM.WPD REV: 062199

Testis (Normal-Abnormal) Describe:

Tendon Reflexes Normal Abnormal
Knee jerk Rt. ____ Lft. ____ Rt. ____ Lft. ____
Babinski Rt. ____ Lft. ____ Rt. ____ Lft. ____

Romberg: _____
Finger to nose: _____

Upper Extremities (Normal-Abnormal) Describe:

Hands: _____
Wrist: _____
Elbows: _____
Shoulder Girdle: _____
Lower Extremities: _____

Skin (Open or Suppurative lesions) Yes No

Urinalysis:
Albumin: _____
Glucose: _____
Micro: _____
Hematuria: _____

Blood-test:

Hemoglobin and Hematocrit _____

Electrocardiogram _____ Date: _____

Examiners comments:

Physician
Name (printed): _____

Address: _____

Phone: _____

Name: _____

Home Address: _____

Phone: _____

Birth Date: _____

Exam Date: _____

IMPORTANT

BLOOD TYPE: _____

ALLERGIES:

Pulse: _____ Blood Pressure: _____

Temperature: _____ Weight: _____

OPTOMETRIST EXAM DATE: _____

EYES	RIGHT	LEFT
Distant Vision	20/	20/
Light Reflex	Normal Abnormal	Normal Abnormal
Accommodation Reflex	Normal Abnormal	Normal Abnormal

Comments: _____

Physician:
Name (printed): _____

Address: _____

Phone: _____

OFFICIAL'S DISCLOSURE FORM

1. What is your profession or occupation? _____

2. Who is your current employer? _____

If not currently employed, please list your most recent employer?

3. What is your business address and telephone number?

4. What is your home address and telephone number?

-over-

5. Are you licensed as a professional boxing official in any other jurisdiction?

☐ YES

☐ NO

(If yes, please explain)_____

6. Has any boxing license you have ever held been suspended or revoked?

☐ YES

☐ NO

(If yes, please explain)_____

7. Have you ever been denied a professional boxing official's license?

☐ YES

☐ NO

(If yes, please explain)_____

8. Do you have any direct or indirect financial interest in, or direct or indirect financial dealings with, any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization, or boxing media personality?

☐ YES

☐ NO

(If yes, please explain)_____

-more-

9. Do you have any direct or indirect financial interest with any company, partnership, or individual who is involved in the sport of boxing?

☐ YES

☐ NO

(If yes, please explain)_____

10. Please list all organizations, associations, groups, or charitable foundations related to boxing that you are currently a member of, or have been in, the last 12 months.

11. Are you, your spouse, or any of your parents, brothers, sisters, cousins, nieces, nephews, aunts, uncles, or grandchildren related to any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization official, or boxing media personality?

☐ YES

☐ NO

(If yes, please explain)_____

12. Are you, your spouse, or any of your parents, brothers, sisters, cousins, nieces, nephews, aunts, uncles, or grandchildren a personal friend of any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization official, or boxing media personality?

☐ YES

☐ NO

(If yes, please explain)_____

-over-

13. Have you been offered or received any gifts, complementaries, or other things of value from any professional boxer, manager, second, trainer, promoter, matchmaker, sanctioning organization, or boxing media personality?

☐

YES

☐

NO

(If yes, please explain) _____

14. Have you been arrested by any law enforcement agency in the past twelve months?

☐

YES

☐

NO

(If yes, please explain) _____

I CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE AND I UNDERSTAND THAT IT IS MY OBLIGATION TO NOTIFY THE SACB, IN WRITING, IMMEDIATELY, IF ANY OF MY RESPONSES TO THE ABOVE QUESTIONS CHANGE. I FURTHER UNDERSTAND THAT ANY OMISSIONS, INACCURACIES OR THE FAILURE TO MAKE FULL DISCLOSURES MAY BE DEEMED SUFFICIENT REASON TO DENY A LICENSE OR TO WITHHOLD RENEWAL OF, OR SUSPEND OR REVOKE, A LICENSE IF ISSUED BY THE BOARD. THE UNDERSIGNED APPLICANT UNDERSTANDS THE BOARD OR COMMISSIONER MAY MAKE SUCH INQUIRY AND INVESTIGATION CONCERNING THE APPLICANT'S RECORD OR BACKGROUND AS THE BOARD OR COMMISSIONER, IN THEIR JUDGEMENT, DEEMS PROPER, AND SAID APPLICANT FURTHER AGREES TO FURNISH ANY ADDITIONAL INFORMATION REQUESTED BY THE BOARD OR COMMISSIONER.

Date: _____

Print Name: _____

Signature: _____

This form must be faxed back to the SACB at (609) 292-3756 at least 10 days before the scheduled event in order to be considered for a position at that event. If you have any questions, please contact the SACB at (609) 292-0317.

**STATE OF NEW JERSEY
W-9/QUESTIONNAIRE**

THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9/VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF N.J. FOR ADDITIONAL INFORMATION CALL (609) 292-8124.

PART I.
NAME/ADDRESS
(REMIT TO:)

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
Enter your taxpayer identification number and indicate whether it is a social security or employer identification number by marking the appropriate box.

Return completed form to:
OMB VENDOR CONTROL
PO BOX 221
TRENTON, N.J. 08625
FAX 609-292-4882

Make any corrections to the pre-printed data in the space provided below. Please type or print clearly.

4. Taxpayer Identification Number (Enter your correct TIN below ONLY if it differs from the # printed in the box.)

MARK THE APPROPRIATE BOX:

☐ SOCIAL SECURITY NUMBER

☐ EMPLOYER IDENTIFICATION NUMBER

5. For Payees Exempt From Backup Withholding
(Contact the IRS for instructions)

Requester's name and address (optional)

6. Certification: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Please
Sign
Here

Signature >

Date >

PART II. VENDOR DATA

STATE OF NEW JERSEY VENDOR INFORMATION QUESTIONNAIRE

1. Enter the code from the list below that best describes your business function:

VENDORS

GOVERNMENTAL ENTITIES

HC = HEALTH CARE SERVICE
(NON-STATE AGENCIES)

VG = VENDORS WHO SELL OR
MANUFACTURE GOODS

VS = VENDORS WHO RENDER A SERVICE OR
VENDORS WHO RECEIVE RENT PAYMENTS

MISCELLANEOUS VENDORS

OT = OTHER MISCELLANEOUS VENDORS (Please Specify) _____

AC = AUTHORITY/COMMISSION

CF = CONFIDENTIAL FUND

CM = COUNTY/MUNICIPAL GOVT.

CU = STATE COLLEGE/UNIVERSITY

EP = NJ STATE EMPLOYEE

FA = FEDERAL AGENCY

FD = FIRE DISTRICT

PC = PETTY CASH

SA = STATE AGENCY

SD = SCHOOL DISTRICT

WB = WELFARE BOARD

2. Enter Primary Contact Information Below.

PHONE: () - NAME: TITLE: _____

IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.

3. What is the principal activity of your organization?

☐ M = MANUFACTURING ☐ H = HEALTH RELATED SERVICE
☐ S = SERVICE ☐ G = GOVERNMENT ☐ O = OTHER (Please Specify) _____

4. Enter the code from the list below that best describes your organization:

☐ C = CORPORATION ☐ I = INDIVIDUAL ☐ P = PARTNERSHIP
☐ A = ASSOCIATION ☐ J = JOINT ☐ O = OTHER (Please Specify) _____

5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY (See reverse side for appropriate code.)

IMPORTANT: ANSWER ALL QUESTIONS (Please Print or Type Clearly)